

1 MS. FRANKLIN: To properly address this subject, the
2 first set of recommendations focuses on the funding of ongoing
3 research. We wanted to recommend that gambling-specific
4 investigations be coordinated within the NIH system to ensure
5 adequate, appropriate, and applicable research on pathological
6 gambling.

7 There are ongoing programs by NIMH, by NIDA, by NIAAA,
8 as well as other federal research bodies that should include
9 pathological gambling specific issues.

10 It is not prohibitively expensive, and it can be very
11 easily done in a number of ongoing projects..

12 The Commission asked NORC to provide input on follow-up
13 research. And to that end we recommend a national prevalent
14 survey be conducted every five years, and gambling questions be
15 indicated in federal studies like the National Household Survey.

16 It is imperative we gather research on special
17 populations. We are in dire need of this, including seniors, all
18 minors, women, racial and ethnic minorities.

19 I will have to comment on, again, Frank's good work
20 through his Agency, we share a lot of common goals in this
21 regard, that when we complain, your complaints about their terms.
22 We have gone from compulsive, to problem, to pathological, now to
23 disordered, which does carry a stigma. My clients have a problem
24 with that term.

25 But I might also point out that with a 25 year history
26 in the addiction field we've gone from alcoholic to alcohol
27 abuser, to alcohol dependent, to substance abusers, to chemically
28 dependent. So it is an evolution. I don't know that there will
29 be an end in sight in that regard.

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1 In terms of public awareness and education, efforts can
2 begin with informing the public about problem in pathological
3 gambling. We recommend the efforts be broad-based, such as
4 prevention programs throughout the educational system, increased
5 awareness in the criminal justice system, national information
6 campaigns, and industry responsible gaming practices best
7 articulated by the AGA.

8 An effective responsible gaming policy must be enacted
9 by all legalized gambling venues. This must include a
10 comprehensive policy on minors, including preventing access to
11 gaming areas, identifying unattended children, eliminating access
12 to gaming machines where human oversight is not possible.

13 We recommend that resources for problem gamblers,
14 including the National Council Help line number be highly visible
15 on all gambling materials, and throughout every gaming facility.

16 Credit practices must be included, developed to include
17 provisions that will address limits, will address the needs that
18 are appropriate to pathological gamblers.

19 Self-exclusion provisions, including removal from
20 promotional lists, cessation of contact by gambling operators, et
21 cetera, should be available if requested by that gambler and set
22 up in an appropriate way.

23 Unfortunately under treatment the best public awareness
24 in responsible gaming practices in the world will help few
25 problem gamblers if those seeking treatment services have nowhere
26 to turn.

27 It is not sufficient to simply adapt existing alcohol
28 or drug prevention programs to the problem pathological gambling
29 population. It is not a direct translation.

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1 As the Commissioners know there are a few providers of
2 gambling treatment services. Two VA programs, less than a dozen
3 state funded programs, only one national private provider, and
4 less than 1,200 Gamblers Anonymous meetings nationally.

5 This is in comparison to over 48,000 chapters of
6 Alcoholics Anonymous, and over 12,000 drug and alcohol treatment
7 programs to be found privately, and government funded nationally.

8 Most Americans have no gambling treatment services
9 available to them. It is a tragedy and unacceptable to find that
10 even if a treatment program is available in a given community,
11 many problem gamblers cannot receive services because their
12 insurance companies refuse to reimburse for the care.

13 Establishing insurance coverage on a parity with
14 existing behavioral health benefits allows problem gamblers
15 access to the health care delivery system.

16 There is absolutely no reason for pathological gambling
17 to be excluded from any mental health benefits package.

18 This psychiatric disorder is treatable. So said, by the
19 state governments who pay for such care. So said by the several
20 of the nation's largest casino corporations who pay for such
21 treatment for their employees.

22 Please remember the innocent victims of a pathological
23 gambler out of control are the family members and loved ones of
24 that gambler. Family members are seldom included in treatment
25 funding for gambling, and they are often in tremendous need of
26 specialized services to assist them with the legal, emotional,
27 physical, financial and parenting crises surrounding the gambler.
28 They are the ones left holding the bag.

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1 Although the ADA was enacted to eliminate
2 discrimination against the disabled, it has created a new form of
3 discrimination. The exclusion of pathological gambling from the
4 Americans with Disabilities Act remains a discriminating barrier,
5 both technically and philosophically.

6 Improving the availability of treatment services is a
7 public health issue. It is best addressed by both governmental
8 and non-governmental programs. We recommend requiring federal
9 and state governments that receive revenues based on gambling
10 allocate a portion of this revenue to gambling specific
11 prevention, education, training, treatment, and research.

12 Problem gambling specific training programs for gaming
13 industry employees, again, something AGA has pioneered in many
14 ways, should be required by state governments. State gambling
15 commissions, and the gaming industry for their employees, as well
16 as EAP providers.

17 To increase awareness and services for problem gamblers
18 and their families, we recommend including pathological gambling
19 in the curriculums of educational institutions that are teaching
20 addictions counselors, mental health workers, schools of social
21 work, psychology, psychiatry, degree and certificate programs.

22 All of these will help further and increase the number
23 of treatment programs available as more providers learn about
24 what this disorder is all about. And I would like Paul to make
25 our conclusion.

26 MR. ASHE: Thank you, Joanna.

27 In conclusion let me thank you again on behalf of the
28 State Councils for the opportunity to join in your search for

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1 information on the impact of problem and pathological gambling in
2 America today.

3 We offer our sincere hopes and prayers that your
4 efforts will usher in a new understanding and source of help for
5 those who suffer the impact of this disorder well into the next
6 century.

7 Anything the National Council, or its 35 state
8 affiliates could do to help you in that regard, we are more than
9 happy to do so. We have appeared in every one of your Commission
10 hearings, and we are happy to be part of this progress. Thank
11 you very much.

12 CHAIR JAMES: Thank you.

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